care inspectorate

Eastfields
Care Home Service

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Type of inspection:
Unannounced

Completed on:
5 June 2024

Service provided by:
The Disabilities Trust

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CS2021000346

HAPPY TO TRANSLATE

About the service

Eastfields is a registered care home for adults living with acquired brain injury. The service has capacity to support up to 24 people. The provider is The Disabilities Trust.

Eastfields is located in the Springburn area of Glasgow and is close to local shops, amenities and public transport. The service is made up of three separate bungalows all located on the same site - Bluebell, Hawthorn, and Thistle. Accommodation is varied, as some people live in self-contained flats whilst others have large en-suite bedrooms and share communal living spaces, kitchens and dining rooms. Each house has gardens and outdoor spaces for people to use. There were 22 people living at the service during our inspection.

Support is individually tailored to meet the assessed needs of people, and people have on-site access to professionals from psychology and occupational therapy.

The service aims to provide "learning and therapeutic sessions, personal, social and domestic skills, guided leisure time, community access, behavioural management and vocational training and support. [It is] committed to developing person centred plans to maximise service users' independence and encourage them to attain their full potential".

About the inspection

This was an unannounced inspection which took place between 3 and 5 June 2024. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 11 people using the service
- spoke with 6 staff members and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported to achieve positive outcomes.
- People were supported by a stable workforce.
- People's health needs were managed well.
- People had access to stimulating activities.
- Management completed quality assurance to ensure people were safe and well.
- The service should create a comprehensive improvement plan to promote further positive change.
- Care planning should continue to improve to fully highlight people's needs and wishes.
- Some areas of the care home should be more homely and personalised.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 4 - Good

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

People living at Eastfields were generally supported to achieve positive outcomes and life experiences. We spent time with people who had developed their daily living skills, confidence, and independence. Through the development of their skills, several people were preparing to move on to more independent living, which was important to them.

Some people living at the care home had particularly complex physical, mental, and emotional needs. We saw examples of good practice in improving people's wellbeing. For example, we met people who had developed their communication skills, were supported to express their views using visual aids, and had reduced their incidences of stress and distress.

These successes were achieved after improvements in the care home's staffing arrangements. The service had experienced significant turnover of staff last year, but now had a more stable complement of permanent workers. New staff had settled well into the service, developed their understanding of people's needs and wishes, and built rapport with people. A person told us "I like living here. The staff are friendly and I trust them".

People benefitted from living at a service that had various health professionals located on-site. Professionals, such as psychologists, physiotherapists, and occupational therapists, as well as therapy assistants, were utilised successfully to develop people's personal support plans. For example, physiotherapists liaised with some care staff to develop more meaningful activity programmes for people. Each person had a personalised timetable of activities that interested them. This included trips to local shops, places of interest, and popular visits further afield using the service's minibus. We did note that activities were often led by professionals and keyworkers, and we encouraged the service to develop the confidence of all staff to further enhance the creativity and flexibility of activities at the home.

People's health needs were met well by nursing and care staff. We observed medication procedures and noted appropriate ordering, storing, administration, and recording of people's medication. Nursing staff demonstrated good monitoring of people's health needs including nutrition, weights, fluids, and skin integrity. Appropriate actions and referrals to external agencies were made when needed. This helped people keep safe and well.

Every person living at the care home had a personal plan, known as a support plan. Plans had both strengths and areas that could be better. Positively, people's health needs were captured well. The service's professionals completed thorough assessments of people's needs. There were regular meetings, and six monthly reviews, to ensure that people's support was effective in meeting their needs. The minutes of review meetings were particularly detailed and analytical to track people's progress. There were appropriate risk assessments and legal documents, such as Guardianship powers, to promote people's health and wellbeing.

To promote improvement, we asked the service to make plans more person-centred. The language used in plans was, at times, clinical in nature. We asked the service to use language that was meaningful to people and care staff. Plans should express people's personal choices on how they would like to be supported and

spend their day, with specific detail and wishes. For example, plans should break down how people want to be supported with personal care, communication, medication, and their daily routines. The management team were receptive to this feedback and arranged to bring key staff within the service together to review support planning. (See area for improvement 1).

Areas for improvement

1. To promote people's wellbeing, the provider should adopt a more person-centred approach to support planning.

This should include, but is not limited to, ensuring that people's life histories, likes and dislikes, and what is important to people are recorded. Plans should capture how people want to be supported in their daily routines, with specific and personalised detail, that reflects their wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

How good is our leadership? 4 - Good

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

We received positive feedback from people and staff about the service's leadership team. The experienced registered manager and senior staff nurse were supported by a new assistant manager and team leader. Staff told us that there was an effective balance of experience and fresh ideas in the service. This offered staff support and motivation to provide good quality care.

The management team completed regular and robust audits to ensure the service was safe and people experienced positive outcomes. Leaders closely monitored areas such as accidents and incidents, adult protection issues, medication, care planning, and infection prevention and control. Audits produced action plans which meant when issues were identified they were promptly addressed. This ensured the service was meeting people's needs, which were often complex and evolving.

Leaders held regular meetings with the service's clinical team which included professionals from psychology, physiotherapy, and occupational therapy. These meetings reviewed people's care and were particularly detailed and analytical, ensuring the service was responsive to people's needs and wishes.

The service sought the opinion of people using the service to understand their wishes and views. There were regular house meetings in which people expressed their views on care and support, activities, and changes they would like to see in the service. This was good practice, however, the frequency and quality of minute taking was inconsistent. We asked the service to ensure meetings were appropriately recorded to fully capture people's views and the actions taken to better demonstrate inclusion.

Management demonstrated a commitment to service improvement. After experiencing challenging staffing arrangements, with considerable turnover last year, they engaged in an improvement project that aimed to improve staffing in the care home. We could see that staffing arrangements had improved with more permanent workers, and the right number of staff were working on shift to meet people's health and social needs. This was closely monitored to promote sustainability. When people's needs increased, management

liaised with funding authorities to enhance their level of support, which ensured people continued to be safe and well.

Similarly, managers recognised that the frequency and diversity of activities should increase in the home. The service joined an improvement project that focused on developing more varied and stimulating activities. Each person now had a personalised timetable of activities that interested them. Whilst this was a new initiative, and time was needed to fully realise its potential, there was evidence of people having more regular and stimulating leisure opportunities.

The care home had various action plans from their meetings, audits, and projects. We asked the management team to develop a more comprehensive and holistic service improvement plan. This should be a dynamic tool that includes the views of people, relatives, staff, internal and visiting professionals as well as management audits. The document should bring together these diverse views of people and sources of data and create a plan with ideas on how the service could improve. A well rounded, inclusive improvement plan will help guide and sustain further improvements in the service. (See area for improvement 1).

Areas for improvement

1. To promote people's wellbeing, the service should develop a comprehensive improvement plan.

This should include, but is not limited to, creating a dynamic tool that highlights how the service could improve, taking into consideration the views of people, staff, internal and visiting professionals, and management quality assurance. This should help guide further and sustained improvement in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

Staffing arrangements in Eastfields had improved over the last year. After a period of staff turnover, there was now a more stable workforce with permanent members of staff who had settled well into the service. Agency workers were needed at times due to staff absences, but this had reduced, and it was generally the same agency workers that visited the service, promoting familiarity. This meant that people were generally supported by staff who knew their needs and wishes well.

People were supported by the right number of staff at the right time. The management team had completed an improvement project which better demonstrated staffing levels. We could see that the service was responsive to people's needs. For example, when people's needs increased, additional staff were allocated to promote their wellbeing. And, conversely, when people's confidence improved, with reduced accidents and incidents, their level of support decreased, which promoted their independence.

New staff were supported with a clear induction programme with face to face and online training as well as shadow shifts. This process had improved. When the service had a period of staff turnover, new workers were being inducted by colleagues with limited experience, which presented risk to their development. At the time of inspection, there were far more experienced workers in the service who confidently supported

new staff. This enhanced the quality of the induction programme and promoted good practice in a more meaningful and sustainable way.

All workers had access to a robust training programme. This included promoting positive behaviour, moving and assisting, medication, and care planning. There was a mix of face to face and online training to promote good practice and ensure staff understood their role. A review of training statistics demonstrated that workers continued to receive regular and appropriate training to meet people's needs and wishes.

It was encouraging to see that the service had a more stable and permanent workforce. All staff demonstrated good values and practice in our observations. However, naturally, given the volume of new staff, some workers were more confident and creative than others, reflecting their stage of development. We asked the service to increase the frequency and quality of staff supervision meetings. These are forums for management and staff to meet, discuss performance and set development goals. This should be supplemented by a system of direct observations in which management review staff performance and provide useful, hands-on feedback and guidance. These processes should further improve the confidence and practice of staff, and provide even better outcomes for people. (See area for improvement 1).

Areas for improvement

1. To promote people's wellbeing, the service should improve its approach to staff development.

This includes, but is not limited to, improving the quality and frequency of staff supervision meetings to meet the provider's supervision policy, and introducing regular observations of staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our setting? 4 - Good

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

Eastfields was clean, tidy, and free of clutter which promoted people's movement across the care home. Each building was modern with a good selection of facilities for people living there. Accommodation was varied and included a mix of self-contained flats and large en-suite bedrooms with shared communal spaces. Shared spaces had televisions, radios, pool tables, and more private sitting areas. There were large outdoor, garden spaces with sporting equipment. This promoted people's stimulation, movement, and inclusion.

The care home had a dedicated housekeeping team that cleaned private and communal spaces thoroughly. There was a cleaning schedule which evidenced all areas of the home were cleaned frequently in line with national guidance. Regular environmental audits added further reassurance that the high levels of cleanliness in the service were monitored and sustained.

People's laundry was managed well. Some people were supported to complete laundry independently with appropriate staff support. This developed people's daily living skills. Other people's items were laundered by staff who followed good practice guidance. For example, the laundry rooms had separate entrances and exits, clean and used items were separated, and people's belongings were transported securely across the

home. This reduced the risk of infection.

Regular maintenance checks and monthly health and safety audits ensured the care home was safe for people, visitors, and staff.

Whilst the care home was modern and clean, we felt that some areas lacked warmth and a homely atmosphere. Communal living rooms lacked a personal touch with an absence of personal items, photographs, and other items that reflected people's interests. Bedrooms were also mixed. Some bedrooms were personalised with people's own pictures and furnishings, whilst others were limited. There was recognition that some people did not want, or could not tolerate, a high volume of personalised items in their rooms. This should be discussed with people and their representatives and decisions recorded in support plans to evidence consultation and inclusion. We asked the service to consult people and their relatives around enhancing communal and private rooms to help develop a more personalised, homely environment. This will boost people's morale and provide a better living environment. (See area for improvement 1).

Areas for improvement

1. To promote people’s wellbeing, the service should improve the living environment in the care home.

This should include, but is not limited to, consulting people and their representatives around enhancing communal and private rooms to help develop a more personalised, homely environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ‘If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible’ (HSCS 5.13), and ‘I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices’ (HSCS 5.23).

How well is our care and support planned? 4 - Good

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

Every person living at Eastfields had a personal plan, known as a support plan, which detailed their needs and wishes. The quality of planning was mixed with clear strengths and some areas that needed to improve.

Positively, support plans captured people's health needs well. The service's team of professionals - from disciplines including psychology, physiotherapy, and occupational therapy - completed robust assessments of people's needs. Where people had specific needs around areas such stress and distress, nutrition, and communication, the service assessed, planned, and evaluated these areas thoroughly. Key staff from the service met regularly to review people's progress and produced highly detailed and analytical minutes and action plans. This ensured people's evolving needs were monitored and actions taken to promote their health and wellbeing.

Staff recorded important information relating to people's health including their food and fluid intake, weights, skin integrity, and emotional needs. This information was observed and, where appropriate, actions were taken to improve people's health. A review of medication procedures evidenced good practice in ordering, storing, administering, and recording of people's medication. This further promoted people's safety and wellbeing.

We felt that plans could be more meaningful and person-centred. This was due to two factors. The service had moved from paper to digital plans. This brought several benefits. Digital planning made information recording and sharing more efficient. The management team could monitor people's health and wellbeing in real time and take decisive action when needed. However, when transferring information from paper to digital, there was a focus on people's health needs. Important personal information, such as people's life histories, likes and dislikes, and what was important to them had not been fully recorded for every person.

Similarly, whilst the quality of support plan information was high, it was often clinical in nature. Health professionals completed robust assessments which formed the basis of the support plan. This information was invaluable, but was complex and focused on clinical and health matters. We asked the service to make plans more meaningful to people and staff. They should capture how people want to spend their day and break down their support needs, and how to meet them, in a more individualised manner. By supplementing the important clinical assessments with a more person-centred focus, staff will have clearer guidance on what is important to people and how to meet their needs in a more personal way. This has been made an area for improvement under key question one.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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